State of Wisconsin Department of Health Services – Emergency Medical Services EMS Clinical and Field Training – Minimum Competencies/Experiences

The following competency requirements must be successfully accomplished within the context of the EMS learning environment. Clinical and field experiences should count toward these requirements only after the student has demonstrated competence in skills and knowledge in the appropriate didactic and laboratory components of the respective skill or assessment type. These competencies are considered minimums and each training center may increase or add to these requirements (qualitatively and/or quantitatively) to ensure clinically proficient practitioners.

In instances where "simulation" is denoted, such simulation need only be "low-fidelity" (non-scenario based, skills check-off) and any applicable clinical, field or HPS experiences over and above the minimum stipulated requirements for that category may be used to meet simulation requirements for that category.

If HPS (Human Patient Simulator) is denoted, up to one-half of listed competencies may be obtained through a scenario-based, high-fidelity simulation only if the training center has been approved to provide such experiences in their operational plan. (Given an odd competency number, non-HPS/clinical/field experiences must exceed HPS experiences.)

		Paramedic	I-99 to Para. Transition	Intermediate (I-99)	Advanced EMT	
	The student must demonstrate the ability to safely perform all steps of each procedure and properly administer medications using the following routes:					
Medication Administration	IV-Bolus	10 Clinical / Field / HPS	5 Clinical / Field / HPS	10 Clinical / Field / HPS	10 Clinical / Field / HPS	
	IM	1 Simulated	1 Simulated	1 Simulated	1 Simulated	
	Sub-Q	1 Simulated	1 Simulated	1 Simulated	1 Simulated	
	IM or Sub-Q	2 Clinical / Field / HPS	2 Clinical / Field / HPS	2 Clinical / Field / HPS	2 Clinical / Field / HPS	
	Nebulized Breathing Treatment (includes	1 Simulated	1 Simulated	1 Simulated	1 Simulated	
	hand-held, face mask, and in-line)	2 Clinical / Field / HPS	2 Clinical / Field / HPS	2 Clinical / Field / HPS	2 Clinical / Field / HPS	
Venous Access	The student must demonstrate the ability to gain venous access using the following routes:					
	Intravenous	20 Clinical / Field / HPS	10 Clinical / Field / HPS	20 Clinical / Field / HPS	5 Simulation 15 Clinical / Field / HPS	
	Pediatric Intraosseous	3 Simulation	3 Simulation	3 Simulation	3 Simulation	
	The student must demonstrate the ability to safely perform each of the following airway management procedures:					
Airway Management	Airway management	8 Clinical / Field / HPS	4 Clinical / Field / HPS	8 Clinical / Field / HPS	2 Simulation: (1 Adult, 1 Infant)	
	Endotracheal Intubation	7 Simulated 2 Clinical / Field (No HPS)	7 Simulated 2 Clinical / Field (No HPS)	7 Simulated 2 Clinical / Field (No HPS)	-	

		Paramedic	I-99 to Para. Transition	Intermediate (I-99)	Advanced EMT			
	During clinical or field experience, the student must demonstrate the ability to perform a comprehensive assessment and participate in the formulation							
ent	and implementation of a treatment plan for patients with the following complaints / conditions:							
Assessment and Treatment Plans*	Cardiac	10 Clinical / Field / HPS	10 Clinical / Field / HPS	5 Clinical / Field / HPS	2 Clinical / Field / HPS			
	Respiratory	10 Clinical / Field / HPS	10 Clinical / Field / HPS	5 Clinical / Field / HPS	2 Clinical / Field / HPS			
	Neurological / ALOC	10 Clinical / Field / HPS	10 Clinical / Field / HPS	5 Clinical / Field / HPS	2 Clinical / Field / HPS			
	Abdominal / GI / GU	10 Clinical / Field / HPS	10 Clinical / Field / HPS	5 Clinical / Field / HPS	2 Clinical / Field / HPS			
	Trauma	10 Clinical / Field / HPS	10 Clinical / Field / HPS	5 Clinical / Field / HPS	2 Clinical / Field / HPS			
E E	Diabetic	4 Clinical / Field / HPS	4 Clinical / Field / HPS	2 Clinical / Field / HPS	2 Clinical / Field / HPS			
ess	Obstetric	4 Simulated	4 Simulated	2 Simulated	-			
Ass	Psychiatric	4 Simulated	4 Simulated	2 Simulated	-			
	Pediatric (≤17 y/o, from above list)	14 Clinical / Field / HPS	10 Clinical / Field / HPS	7 Clinical / Field / HPS	2 Clinical / Field / HPS			
Field	HPS or clinical experiences are allowed as statements Observation Team Member (Team Member experiences over the minimum required number may count toward "Observation" requirements)	10 Field / HPS 20 Field / HPS	0 10 Field / HPS	0 15 Field / HPS	0			
	Team Leader (Team Leaders experiences over the minimum required number may count toward "Team Member" or "Observation" requirements)	20 Field / HPS	20 Field / HPS	15 Field / HPS	1 Clinical / Field / HPS for each: Cardiac Respiratory Neuro/ALOC Abd/GI/GU Diabetic Trauma Pediatric			

^{*} Aside from the pediatric category, only one category can be associated with a given patient.

Definitions

Team Leader: To function as and receive credit for being a team leader, the student must demonstrate the ability to perform a comprehensive assessment as well as both formulate and implement an appropriate treatment plan at the appropriate level consistent with his or her training. The student must request evaluation for team leadership prior to arrival on scene to receive credit for a "Team Leader" patient contact. A student may receive "Team Member" credit if the Team Leader attempt is deemed to be inadequate by the preceptor. Advanced EMT students may receive "Team Leader" credit at the direction of their training center instructor as appropriate within clinical and HPS settings; all other levels require the experiences to occur within the patient compartment of a transporting ambulance.

- **Team Member:** "Team Member" credit is awarded for field contacts where the student performs all or some of the duties associated with a field patient contact. The expectation is that the student must demonstrate the ability to make patient care decisions based upon all elements gathered to form a general impression of the patient and a working diagnosis upon which to provide treatment. This category applies to the patient who receives an ALS evaluation in which critical thinking skills are utilized to gather, weigh, and synthesize patient information in order to formulate a diagnosis and treatment plan for the patient, even though the patient may be deemed stable for transport by a BLS unit.
- **Observation:** Observation field experiences are designed for students to observe. Students should focus on learning where equipment is stored, what protocols are utilized, and how current-licensed Paramedics perform their duties without the pressure of performing patient care. This also provides time for the preceptor to acquire familiarity with the student.
- Airway Management: Airway management occurs when a student manages the airway of a patient who is unable to manage or maintain his or her own airway. Manual airway maneuvers, suctioning, insertion of non-visualized advanced airways (i.e., Combitube, King LTS-D), endotracheal intubation, or mechanical respirations via bag-valve-mask, pocket mask, or other approved ventilator device would constitute airway management if, without such interventions, the patient's own respirations would be inadequate or absent. Manual airway positioning or utilizing an oral or nasal airway, in and of itself, does not qualify as affirmative airway management unless accompanied with mechanical ventilatory support. Suctioning a conscious patient when secured to a long board does not constitute airway management. Administering supplemental oxygen, CPAP, or a nebulizer treatment is not considered affirmative airway management.
- **Cardiac:** Cardiac complaints include symptomatic cardiac arrhythmias, pulseless-nonbreathers, and chest pain of suspected cardiac origin. Chest wall pain related to a traumatic injury or event would only be cardiac in nature if the assessment revealed potential injury to the patient's heart (i.e., pericardial tamponade, aortic dissection, etc.)
- **Respiratory:** Respiratory complaints include shortness of breath, dyspnea on exertion, paroxysmal nocturnal dyspnea, COPD, pneumonia, asthma, pleuritic chest pain, or any time the patient's complain involves a respiratory component.
- **Neurological / ALOC:** Neurological complaints include stroke, TIA, seizure, hypoglycemia (if not seeking credit for a diabetic assessment and treatment plan), alcohol intoxication (if there is no underlying psychological issue related to the intoxication), syncope, and acute confusion. A patient suffering from a decreased in their level of consciousness or a specific neurological compliant is a neurological / ALOC patient.
- **Abdominal / GI / GU:** Abdominal / GI / GU complaints include nausea, vomiting, abdominal pain, kidney stones, hematemesis, menaturia, melena, or other abdominal / pelvic complaint not related to pregnancy.
- **Trauma:** A trauma assessment and treatment plan encompasses the patient who was involved in an incident where a traumatic injury was sustained. Regardless of the severity of the traumatic injury, the student should consider the need for ALS interventions such as IV, medications, needle decompression, airway management, cricothyrotomy, or RSI (as appropriate for their level of training).
- **Diabetic:** A diabetic patient is one with an undiagnosed new onset of hyperglycemia, hypoglycemia, DKA, HHNK, or is a known diabetic suffering from complications related to his or her diabetes.

Obstetric: Obstetric patients are pregnant or perinatal (within one month postpartum) with complaints related to the pregnancy.

Psychiatric: A psychiatric patient suffers from a behavioral emergency, such as depression, suicidal ideation, suicide attempt, drug/alcohol addiction, or any other psychotic event. (A "typical" intoxicated patient does not qualify as a psychiatric patient.)

Pediatric: Pediatric patients are defined as 17 years of age or younger.

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